

DEVELOPMENT SERVICES DEPARTMENT BUILDING PERMITS & INSPECTIONS DIVISION

Case # _____
(Not to be filled out by applicant, assigned by BP & I)

FOUNDATION
Permit Application

PID # _____ (Central Appraisal Tax Identification Number)

Address _____ Space _____

Legal Description: Subdivision _____

Lot _____ Block _____

Verify Flood Zone in Eng. Dept , 4th Floor, City Hall, 915-541- 4133 Flood Zone: YES ☐ NO ☐

Verify Zoning, if special conditions exist, **Submit 2 Copies with Application**

I have checked for zoning conditions, special contract conditions and requirements for Site Development Plan.

Contractor _____

Owner's Name _____

Architect _____ Engineer _____

First Time Submittal with the City of El Paso: Fill out Contact Information on the Back

Description of Work: **FOUNDATION ONLY**

Total Number of Structures Proposed: _____

Proposed Use of Building: _____

Square footage x \$5.00 sq.ft = Valuation

Proposed Valuation: _____ sq.ft. x \$5.00 = \$ _____ .00

FEE \$ _____
Calculated by BP & I

Notice: A. This permit becomes null and void if work or construction authorized is not commenced and inspections called for and obtained within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

B. Separate Permits are required for electrical, mechanical or plumbing.

AFFIDAVIT:

I hereby certify that I have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction. I also hereby certify that the information on the site plan is true and correct and that all known easements have been properly shown. I also understand that I am required by city ordinance to notify a Texas "one call" system before starting any excavation or digging work.

SIGNATURE OF OWNER (IF OWNER IS CONTRACTOR)

DATE

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

TDLR (Architectural Barriers) 1-800-803-9202
Contractor Information 1-915-541-4700

Central Appraisal 1-915-780-2000
Plan Review 1-915-541-4788

Required: TEXAS ONE CALL SYSTEM 1- 800- 344- 8377 OR 1- 800- DIG-TESS

Track Permitting/Inspection Process: www.elpasotexas.gov

SELECT Virtual City Hall / SELECT Check on a Building Permit

May Not Be Accepted **UNTIL COMPLETELY** Filled Out

CONTACT INFORMATION

Contractor _____
Primary Contact _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

Owner's Name _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

Designer _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

Architect _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

Engineer _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____